

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

ONE MOODY PLAZA

☐ Check if different than previously reported. (ACC)

GALVESTON

TX

77550

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00135525

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer J. Mark Flippin

Signature of Treasurer

J. Mark Flippin

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">11582.46</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">24990.46</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">22836.02</span>	<span style="border: 1px solid black; padding: 2px;">36244.02</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">47826.48</span>	<span style="border: 1px solid black; padding: 2px;">47826.48</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">14250.00</span>	<span style="border: 1px solid black; padding: 2px;">14250.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">33576.48</span>	<span style="border: 1px solid black; padding: 2px;">33576.48</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2014

To:

M M / D D / Y Y Y Y Y  
09 30 2014

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5797.50

9492.50

(ii) Unitemized .....

2019.00

11732.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7816.50

21224.50

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

7816.50

21224.50

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

15019.52

15019.52

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

22836.02

36244.02

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

22836.02

36244.02

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	9250.00	9250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14250.00	14250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14250.00	14250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7816.50	21224.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7816.50	21224.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Dwain Akins**

Mailing Address 403 David St.

City

Friendswood

State

TX

Zip Code

77546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period

225.00

Payroll deductions

Full Name (Last, First, Middle Initial)

## **B. Albert L. Amato**

Mailing Address 2292 Azahar Ct.

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period

225.00

Payroll deductions

Full Name (Last, First, Middle Initial)

## **C. Scott Brast**

Mailing Address 417 Misty Shore Drive

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4515

Amount of Each Receipt this Period

120.00

Payroll deductions

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

570.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Frank V. Broll

Mailing Address 7110 Avenue N 1/2

City  
Galveston

State Zip Code  
TX 77551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Sr. Vice President &amp; Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period

150.00

Payroll deductions

Full Name (Last, First, Middle Initial)

B. Philip Chairez

Mailing Address 1526 Pebble Banks Lane

City  
Seabrook

State Zip Code  
TX 77586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Asst. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4521

Amount of Each Receipt this Period

150.00

Payroll deductions

Full Name (Last, First, Middle Initial)

C. Carelyn Chapman

Mailing Address 7575 Hacker Road

City  
Hitchcock

State Zip Code  
TX 77563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Sr. Staff Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period

150.00

Payroll deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Jerry Cleveland

Mailing Address 12027 145h St.

City

Santa Fe

State

TX

Zip Code

77510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Division Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period

90.00

Payroll deductions

Full Name (Last, First, Middle Initial)

B. James Collura

Mailing Address 4322 Orange Jasmine Court

City

Houston

State

TX

Zip Code

77059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4525

Amount of Each Receipt this Period

150.00

Payroll deductions

Full Name (Last, First, Middle Initial)

C. Barry Cooper

Mailing Address 1450 E. League City Pkwy  
Apt. 121

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4527

Amount of Each Receipt this Period

75.00

Payroll deductions

SUBTOTAL of Receipts This Page (optional)..... ►

315.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John J. Dunn**

Mailing Address 141 Creekside Drive

City State Zip Code  
 League City TX 77573

FEC ID number of contributing federal political committee.

C

Name of Employer

ANICO

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 30 / 2014

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period

162.50

Payroll deductions

Full Name (Last, First, Middle Initial)

**B. J. Mark Flippin**

Mailing Address 1013 Hyland Lane

City State Zip Code  
 League City TX 77573

FEC ID number of contributing federal political committee.

C

Name of Employer

ANICO

Occupation

Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 30 / 2014

Transaction ID : SA11AI.4535

Amount of Each Receipt this Period

90.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**C. Deborah Ford**

Mailing Address 4512 Avenue O 1/2

City State Zip Code  
 Galveston TX 77551

FEC ID number of contributing federal political committee.

C

Name of Employer

ANICO

Occupation

Dir.-Field Repairs &amp; Inventory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 30 / 2014

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period

90.00

Payroll deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

342.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Douglas Halvorsen**

Mailing Address 5419 Menard

City State Zip Code  
 Galveston TX 77551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Sr. Staff Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4544

Amount of Each Receipt this Period

75.00

Payroll deductions

Full Name (Last, First, Middle Initial)

## **B. Deborah Janson**

Mailing Address 5425 Canal Road

City State Zip Code  
 Arcadia TX 77517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period

150.00

Payroll deductions

Full Name (Last, First, Middle Initial)

## **C. Johnny D. Johnson**

Mailing Address 2556 Valencia Avenue

City State Zip Code  
 League City TX 77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period

375.00

Payroll deductons

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Kirchner**

Mailing Address 2001 Catamaran Drive

City State Zip Code  
League City TX 77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4551

Amount of Each Receipt this Period

75.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**B. Bryan Lamb**

Mailing Address 13633 Vacek Road

City State Zip Code  
Santa Fe TX 77517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Asst. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4554

Amount of Each Receipt this Period

90.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**C. Ricardo Leal**

Mailing Address 7928 Pruitt Drive

City State Zip Code  
Galveston TX 77554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Mgr. Computer Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period

150.00

Payroll deductions

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas LeGrand**

Mailing Address 1219 Ball

City

Galveston

State

TX

Zip Code

77550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Asst. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period

120.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**B. George Macke**

Mailing Address 1908 Lauren Lake Drive

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President & General Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period

75.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**C. Carrie McCord**

Mailing Address 306 Civil Drive

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4563

Amount of Each Receipt this Period

75.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Meredith Mitchell**

Mailing Address 1558 Viego Road

City State Zip Code  
 League City TX 77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period

90.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**B. Robert L. Moody**

Mailing Address 5 Colony Park Drive

City State Zip Code  
 Galveston TX 77551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Chairman of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period

150.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**C. John Norton**

Mailing Address 1304 Cambridge Drive

City State Zip Code  
 Friendswood TX 77546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President & Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period

180.00

Payroll deductions

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

420.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ronald Ostermayer**

Mailing Address 1199 Rustling Wind Lane

City State Zip Code  
 League City TX 77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period

150.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**B. James Pangburn**

Mailing Address 23 Stone Springs Circle

City State Zip Code  
 The Woodlands TX 77381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4575

Amount of Each Receipt this Period

275.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**C. Cheri Pierson**

Mailing Address 48 Campeche Circle

City State Zip Code  
 Galveston TX 77551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Staff Programmer Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4577

Amount of Each Receipt this Period

90.00

Payroll deductons

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

515.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James Possi**

Mailing Address 11802 sportsman Road

City  
Galveston

State Zip Code  
TX 77554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.4578**

Amount of Each Receipt this Period

250.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**B. Ronald Price**

Mailing Address 3923 Diamond Grove Ct.

City  
Houston

State Zip Code  
TX 77058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.4579**

Amount of Each Receipt this Period

150.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**C. William Ray**

Mailing Address 2303 Azahar Ct.

City  
League City

State Zip Code  
TX 77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.4581**

Amount of Each Receipt this Period

225.00

Payroll deductions

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Robert Schefft

Mailing Address 5125 Locust St.

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period

90.00

Payroll deductions

Full Name (Last, First, Middle Initial)

B. Gerald Schillaci

Mailing Address 11702 Mighty Redwood

City

Houston

State

TX

Zip Code

77059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period

150.00

Payroll Deductions

Full Name (Last, First, Middle Initial)

C. Steven Schouweiler

Mailing Address 4405 Master Drive

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SA11AI.4589

Amount of Each Receipt this Period

75.00

Payroll deductions

SUBTOTAL of Receipts This Page (optional)..... ►

315.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. James Stelling**

Mailing Address 410 Sandy Ridge Drive

City State Zip Code  
 League City TX 77573

FEC ID number of contributing federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 30 2014

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period

90.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**B. Hoyt Strickland**

Mailing Address 88 Island Passage

City State Zip Code  
 Galveston TX 77554

FEC ID number of contributing federal political committee.

C

Name of Employer

ANICO

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 30 2014

Transaction ID : SA11AI.4592

Amount of Each Receipt this Period

375.00

Payroll deductions

Full Name (Last, First, Middle Initial)

**C. James Tyra**

Mailing Address 2809 Jeb Stuart

City State Zip Code  
 League City TX 77573

FEC ID number of contributing federal political committee.

C

Name of Employer

ANICO

Occupation

Asst. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 30 2014

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period

90.00

Payroll deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

555.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Deanna Walton**

Mailing Address 1125 Bess Road

City  
Dickinson

State  
TX

Zip Code  
77539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President & Health Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4602

Amount of Each Receipt this Period

75.00

Payroll deductions

Full Name (Last, First, Middle Initial)

## **B. William Watson**

Mailing Address 3319 Lanyard Place

City  
Galveston

State  
TX

Zip Code  
77554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Vice President & Chief Health Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4603

Amount of Each Receipt this Period

180.00

Payroll deductions

Full Name (Last, First, Middle Initial)

## **C. Ronald Welch**

Mailing Address 1281 Chiara Ct.

City  
League City

State  
TX

Zip Code  
77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANICO

Occupation

Sr. Exec. Vice Pres. & Chief Corp. Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4606

Amount of Each Receipt this Period

250.00

Payroll deductions

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

505.00

5797.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address ONE MOODY PLAZA

City State Zip Code  
GALVESTON TX 77550

FEC ID number of contributing  
federal political committee.

**C** C00135525

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15019.52

Date of Receipt

**08** / **29** / **2014**

**Transaction ID : SA17.4682**

Amount of Each Receipt this Period

15019.52

CD transferred to bank account

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15019.52

15019.52

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. American Council Life Insurers Political Action Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Mailing Address 101 Constitution Ave. NW

City	State	Zip Code
Washington	DC	20001-2133

Purpose of Disbursement  
2014 Contribution

012

**Transaction ID : SB23.4616**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name  
American National Insurance Company Employee Political Action CommitteeCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
---------

5000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Drew Darby**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Mailing Address P. O. Box 3284

City	State	Zip Code
San Angelo	TX	76902

**Transaction ID : SB29.4662**Purpose of Disbursement  
2014 Contribution

Amount of Each Disbursement this Period

Candidate Name

**Drew Darby**Category/  
Type

500.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Joe De Shotel**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Mailing Address 505 Orleans St.  
#105

City	State	Zip Code
Beaumont	TX	77701

**Transaction ID : SB29.4654**Purpose of Disbursement  
2014 Contribution

Amount of Each Disbursement this Period

Candidate Name

**Joe De Shotel**Category/  
Type

500.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Wayne Faircloth**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Mailing Address P. O. Box 1226

City	State	Zip Code
Dickinson	TX	77539

**Transaction ID : SB29.4657**Purpose of Disbursement  
2014 Contribution

Amount of Each Disbursement this Period

Candidate Name

**Wayne Faircloth**Category/  
Type

500.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kelly Hancock**

Mailing Address P. O. Box 821349

City	State	Zip Code
North Richland Hills	TX	76182

Purpose of Disbursement  
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

**Transaction ID : SB29.4673**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Todd Hunter**

Mailing Address 445 Cape Henry Drive

City	State	Zip Code
Corpus Christi	TX	78412

Purpose of Disbursement  
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

**Transaction ID : SB29.4677**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Doug Miller**

Mailing Address P. O. Box 312037

City	State	Zip Code
New Braunfels	TX	78131

Purpose of Disbursement  
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

**Transaction ID : SB29.4648**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Otto**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Mailing Address P. O. box 965

City	State	Zip Code
Dayton	TX	77535

**Transaction ID : SB29.4652**Purpose of Disbursement  
2014 Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Kenneth Sheets**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Mailing Address PMB #869 6333 E. Mockingbird Lane  
Ste. 147

City	State	Zip Code
Dallas	TX	75214-2692

**Transaction ID : SB29.4632**Purpose of Disbursement  
2014 Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Van Taylor**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Mailing Address P. O. Box 261676

City	State	Zip Code
Plano	TX	75026

**Transaction ID : SB29.4628**Purpose of Disbursement  
2014 Contribution

Amount of Each Disbursement this Period

Candidate Name

012  
Category/  
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X		30b

AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE

750.00

State:  District:

MM / DD / YYYY

Age Group	Number of people
13-17	100
18-24	150
25-34	200
35-44	250
45-54	300
55-64	350
65-74	400
75-84	450
85+	500

State:  District:

08 / 29 / 2014

500.00

State:  District:

1750.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN NATIONAL INSURANCE COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kirk Watson**

Mailing Address P. O. Box 2004

City	State	Zip Code
Austin	TX	78768

Purpose of Disbursement  
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

**Transaction ID : SB29.4625**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. John Zerwas**

Mailing Address 1012 Morton Street

City	State	Zip Code
Richmond	TX	77469

Purpose of Disbursement  
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

**Transaction ID : SB29.4640**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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9250.00
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